

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State North CarolinaCitation

42 CFR 431.610

AT-78-90

AT-80-34

4.11 Relations with Standard-Setting and
Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare irresponsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Department of Health

and Human Services

- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are) :
the Department of Health and

Human Services

- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 00-03

Supersedes

TN# 74-13Approval Date **Aug 02 2000**Effective Date 04/01/00

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State North Carolina

Citation
42 CFR 431.610
AT-78-90
AT-89-34

4.11(d)

The Department of Health and

Human Services (agency)

which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e),(f) and (g) are met.

TN # 00-03
Supersedes
TN #74-13

Approval Date **Aug 02 2000**

Effective Date 04/01/00

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State North CarolinaCitation

42 CFR 431.105 (b)

AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).

 Yes, as listed below:

 X Not applicable. Similar services are not provided to other types of medical facilities.

TN # 73-45

Supersedes

TN # Approval Date 7/19/74Effective Date 10/1/73

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938--

State/Territory: North Carolina

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- | | |
|----------------------------------|--|
| 42 CFR 431.107 | (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met. |
| 42 CFR Part 483, 1919 of the Act | (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met. |
| 42 CFR Part 483, Subpart D | (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met. |
| 1920 of the Act | (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met. |
| | <p>_____ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.</p> |

TN No. 92-01
Supersede
TN No. 88-3

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: North Carolina

Citation

1902(a)(58)

1902(w)

- 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:
- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102) and health insuring organizations are required to do the following:
- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

TN No. 03-04

Supersedes

TN No. 91-50

Approval Date: NOV 18 2003

Effective Date 8/13/2003

HCFA ID: 7982E

Revision: HCFA-PM-91-9 (MB)
October 1991

OMB No.:

State/Territory: North Carolina

statutory or recognized by the courts)
concerning advance directives; and

- (a) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
 - (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

— Not applicable. No State law or court decision exist regarding advance directives.

TN No. 03-04
Supersedes
TN No. 91-50

Approval Date: NOV 18 2003

Effective Date: 8/13/2003
HCFA ID: 7982E

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: North Carolina

Citation 4.14 Utilization/Quality Control
42 CFR 431.60 (a) A Statewide program of surveillance and
42 CFR 456.2 utilization control has been implemented
50 FR 15312 that safeguards against unnecessary or
1902(a)(30)(C) and inappropriate use of Medicaid services
1902(d) of the available under this plan and against excess
Act, P.L. 99-509 payments, and that assesses the quality of
(Section 9431) services. The requirements of 42 CFR part
456 are met:

X Directly

By undertaking medical and
utilization review requirements through
a contract with a Utilization and
Quality Control Peer Review Organization
(PRO) designated under 42 CFR Part 462.
The contract with the PRO--

- (1) Meets the requirements of 434.6(a);
- (2) Includes a monitoring and
evaluation plan to ensure
satisfactory performance;
- (3) Identifies the services and
providers subject to PRO review;
- (4) Ensures that PRO review activities
are not inconsistent with the PRO
review of Medicare services; and
- (5) Includes a description of
the extent to which PRO
determinations are considered
conclusive for payment purposes.

1932 (c)(2)
and 1902(d) of the
ACT, P.L. 99-509
(Section 9431)

X A qualified External Review
Organization performs an annual
External Quality Review that meets
the requirements of 42 CFR 438 Subpart
E, each managed care organization,
prepaid inpatient health plan and health
insuring organization under contract
except where exempted by the regulation.

TN No. 03-04

Supersedes

TN No. 92-12

Approval Date: **NOV 18 2003** Effective Date 8/13/2003

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: _____ OMB No. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

____ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

____ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

____ All hospitals (other than mental hospitals).

____ Those specified in the waiver.

x No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q. ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date April 1, 1986

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3
MAY 1985

(BERC)

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

___ All mental hospitals.

___ Those specified in the waiver.

___ No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

_____ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

_____ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

_____ All skilled nursing facilities.

_____ Those specified in the waiver.

 x No waivers have been granted.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF.DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

OMB NO. 0938-0193

State: _____

Citation
42 CFR 456.2
50 FR 15312

4.14

x

(e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

_____ Facility-based review.

_____ Direct review by personnel of the medical assistance unit of the State agency.

X Personnel under contract to the medical assistance unit of the State agency.

_____ Utilization and Quality Control Review organizations.

_____ Another method as described in ATTACHMENT 4.14-A.

_____ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

_____ Not applicable. Intermediate care facility services are not provided under this plan.

SENT BY OPC-11 # 86-04 DATED 5-13-86

R.Q.ACTION DATE 5-29-86 EFF. DATE 4-1-86

OBSOLETE BY _____ DATED _____

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date _____

HCFA ID: 0048P/0002P

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: North Carolina

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e) For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354 External Quality The State must ensure that an Review Organization and its subcontractors performing the External Quality Review or External Quality Review -related activities meets the competence and independence requirements.

___ Not applicable.

TN No. 03-04
Supersedes
TN No. 92-12

Approval Date: NOV 18 2003

Effective Date 8/13/2003

Revision: HCFA-PM-92-2 (HSQB)
MARCH 1992

State/Territory: North Carolina

Citation

4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part
456 Subpart
I, and
1902(a)(31)
and 1903(g)
of the Act

_____ The State has contracted with a
Peer Review Organization (PRO) to
perform inspection of care for:

_____ ICFs/MR;

_____ Inpatient psychiatric facilities
for recipients under age 21; and

_____ Mental Hospitals.

42 CFR Part
456 Subpart
A and
1902(a)(30)
of the Act

x All applicable requirements of 42
CFR Part 456, Subpart I, are met
with respect to periodic
inspections of care and services.

_____ Not applicable with respect to
intermediate care facilities for the
mentally retarded services; such
services are not provided under this
plan.

_____ Not applicable with respect to
services for individuals age 65 or over
in institutions for mental disease; such
services are not provided under this
plan.

_____ Not applicable with respect to
inpatient psychiatric services for
individuals under age 21; such services
are not provided under this plan.

TN No. 92-29
Supersedes
TN No. 76-10

Approval Date DEC 30 1992

Effective Date 10/1/92

HCFA ID:

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State North Carolina

Citation 4.16 Relations with State Health and
42 CFR 431.615(c) Vocational Rehabilitation Agencies and
AT-78-90 Title V Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 74-25
Supersedes
TN #

Approval Date 8/19/74

Effective Date 7/1/74

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

Citation

42 CFR 433.36(c)
1902(a)(18) and
1917(a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

_____ The State imposes liens against an individual's real property an account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

_____ The State imposes liens on real property on account of benefits incorrectly paid.

_____ The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

_____ The State imposes liens on both real and personal property of an individual after the individual's death.

TN No. 96-02
Supersedes
TN No. 83-01

Approval Date 9-28-96

Effective Date 10-01-94

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) x The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under 1917(a)(1)(B) (even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

- (4) ☐ The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.
- ☒ The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy--based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)
- ☐ The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.
- ☐ The State Adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

TN No. 96-02
Supersedes
TN No. 94-38

Approval Date 9-28-96

Effective Date 10-01-94

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR 433.36(h)-(i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

TN No. 96-02
Supersedes
TN No. New

Approval Date: 9-28-96

Effective Date 10-01-94